

2763

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Maricopa</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>184</u>
District	<u>NO 3</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>1287</u>
Town or City	<u>Mesa Ariz.</u>	No. _____	Local Registrar's - No. <u>320</u>
2. FULL NAME <u>Boston Furr</u>		St. _____ Ward _____	
(a) Residence. No. _____		(If death occurred in a hospital or institution, give its NAME instead of street number)	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
<u>Male</u>	<u>White</u>	<u>Married</u>	
5a. If married, widowed, or divorced			
HUSBAND of <u>Kate Furr</u>			
(or) WIFE of			
6. DATE OF BIRTH (month, day and year) <u>July 14 - 1868</u>			
7. AGE	Years	Months	Days
<u>56</u>	<u>4</u>	<u>19</u>	<u>19</u>
IF LESS than 1 day.....hrs. or.....min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Farmer</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) (State or country) <u>Stanley Co Texas</u>			
10. NAME OF FATHER <u>Critton Furr</u>			
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>North Carolina</u>			
12. MAIDEN NAME OF MOTHER <u>Kate Furr</u>			
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>N-Cor.</u>			
14. Informant (Address) <u>Mesa Arizona</u>			
15. Filed <u>Dec 15 1924</u> <u>N. J. McNeil</u> Local Registrar.			
Filed <u>Dec 22 1924</u> <u>MARY L. PELLO</u> County Registrar.			
V. S. No. 1			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>Dec 13 1924</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>Dec 6</u> 19 <u>24</u> to <u>Dec 13</u> 19 <u>24</u>			
that I last saw him alive on <u>Dec 12</u> 19 <u>24</u>			
and that death occurred, on the date stated above, at <u>6:25 A.M.</u>			
The CAUSE OF DEATH* was as follows:			
<u>uremia</u>			
(duration) yrs. mos. ds. <u>7</u>			
CONTRIBUTORY (Secondary) <u>Nephritis</u>			
(duration) yrs. mos. ds. <u>6</u>			
18. Where was disease contracted <u>✓</u>			
not at place of death? <u>✓</u>			
Did an operation precede death? <u>✓</u> Date of _____			
Was there an autopsy? <u>NO</u>			
What test confirmed diagnosis? <u>Uremia</u>			
(Signed) <u>James M. Green</u> M. D.			
12/15-1924 (Address) <u>Mesa, Ariz.</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL			
<u>Mesa Cemetery</u>			
20. UNDERTAKER			
<u>M. R. Gibbons</u>			
DATE OF BURIAL			
<u>Dec 15 1924</u>			
ADDRESS			
<u>Mesa Ariz.</u>			